

2025 Postal Rates

Plan		Codes	New	Monthly Retiree	Biweekly Employee
Aetna Direct					
	Aetna Direct & HDHP self	N61	G3A	\$164.50	\$75.92
	Aetna Direct & HDHP Family	N62	G3B	\$414.87	\$191.48
	Aetna Direct & HDHP self+one	N63	G3C	\$360.78	\$166.51
	Aetna HF HDHP self	224	G3D	\$377.83	\$174.38
	Aetna HF HDHP self + family	225	G3E	\$742.65	\$342.76
	Aetna HF HDHP self + one	226	G3F	\$817.74	\$377.42
	Aetna HF CDHP self	EP1	KDA	\$838.56	\$385.64
	Aetna HF CDHP self + family	EP2	KDB	\$1,861.01	\$858.93
	Aetna HF CDHP self + one	EP3	KDC	\$1,946.36	\$898.32
	Aetna Value plan self	EP4	KDD	\$764.88	\$353.02
	Aetna Value plan self + family	EP5	KDE	\$1,712.86	\$790.55
	Aetna Value plan self + one	EP6	KDF	\$1,768.78	\$816.36
	Aetna Advantage self	Z24	HLD	\$139.76	\$64.50
	Aetna Advantage self + family	Z25	HLE	\$370.35	\$170.93
	Aetna Advantage self + one	Z26	HLF	\$307.46	\$141.90
APWU Health Plan					
	High Self	471	23A	\$238.03	\$109.86
	High Family	472	23B	\$600.77	\$277.28
	High Self Plus One	473	23C	\$461.61	\$213.05
	CDHP Self	474	23D	\$174.68	\$80.62
	CDHP Family	475	23E	\$414.17	\$191.16
	CDHP Self Plus One	476	23F	\$379.66	\$175.23
BCBS					
	Stdrd Self	104	33D	\$377.28	\$174.13
	Stdrd Family	105	33E	\$943.43	\$435.43
	Standard Self Plus One	106	33F	\$840.75	\$388.04
	Basic Self	111	33A	\$247.26	\$114.12
	Basic Family	112	33B	\$688.18	\$317.62
	Basic Self Plus One	113	33C	\$608.81	\$280.99
	Blue Focus Self	131	35A	\$128.21	\$59.17
	Blue Focus Self & Family	132	35B	\$303.17	\$139.92
	Blue Focus Self Plus One	133	35C	\$275.63	\$127.21

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GEHA					
	High Self	311	37A	\$277.75	\$128.19
	High Self & Family	312	37B	\$791.31	\$365.22
	High Self Plus One	313	37C	\$634.92	\$293.04
	Standard Self	314	37D	\$161.11	\$74.36
	Standard Self & Family	315	37E	\$427.99	\$197.53
	Standard Self Plus One	316	37F	\$346.41	\$159.88
	Indem Elevate Self	251	58A	\$352.50	\$162.69
	Indem Elevate Self + Family	252	58B	\$880.01	\$406.16
	Indem Elevate Self + One	253	58C	\$790.12	\$364.67
	Indem Plan Self Only	254	58D	\$147.63	\$68.14
	Indem Elevate Self + Family	255	58E	\$433.60	\$200.12
	Indem Elevate Self + One	256	58F	\$356.17	\$164.38
GEHA High Deductible Health Plan					
	HDHP Self	341	39A	\$170.29	\$78.60
	HDHP Self & Family	342	39B	\$449.92	\$207.66
	HDHP Self Plus One	343	39C	\$366.13	\$168.98
Maihandlers Benefit					
	Stndrd Self Only	454	73D	\$178.14	\$82.22
	Stndrd Self + Family	455	73E	\$413.99	\$191.07
	Stndrd Self + One	456	73F	\$410.06	\$189.26
Mailhandlers Consumer Option					
	Consumer Self Only	481	74A	\$204.60	\$94.43
	Consumer Self + Family	482	74B	\$475.40	\$219.42
	Consumer Self + One	483	74C	\$471.23	\$217.49
Mailhandlers Value Option					
	Value Self Only	414	73A	\$136.20	\$62.86
	Value Self Plus Family	415	73B	\$329.15	\$151.92
	Value Self Plus One	416	73C	\$322.71	\$148.94
NALC					
	High Self	321	77A	\$238.29	\$109.98
	High Family	322	77B	\$516.58	\$238.42
	High Self Plus One	323	77C	\$576.50	\$266.08
NALC					
	CDHP Self	324	77D	\$128.11	\$59.13
	CDHP Self & Family	325	77E	\$314.00	\$144.92
	CDHP Self Plus One	326	77F	\$290.08	\$133.88
Rural Carrier					
	High Self	381	79A	\$317.44	\$146.51
	High Family	382	79B	\$592.30	\$273.37
	High Self Plus One	383	79C	\$612.15	\$282.53
For information on comparing health plans visit http://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans					